

1. CIR./DIST./DIV. CODE GUX		2. PERSON REPRESENTED PUNZALAN, NATHANIEL DIAZ		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 1:07-000075-001		5. APPEALS DKT./DEF. NUMBER	
6. OTHER DKT. NUMBER		7. IN CASE/MATTER OF (Case Name) U.S. v. PUNZALAN		8. PAYMENT CATEGORY Felony	
9. TYPE PERSON REPRESENTED Adult Defendant		10. REPRESENTATION TYPE (See Instructions) Criminal Case		11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 18 922G.F -- UNLAWFUL TRANSPORT OF FIREARMS, ETC.	
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS ECUBE, CYNTHIA V. 207 Martyr Street, Suite 3 Hagatna GU 96910 Telephone Number: (671) 472-8889		13. COURT ORDER = O Appointing Counsel ... C Co-Counsel F Subs For Federal Defender R Subs For Retained Attorney X P Subs For Panel Attorney Y Standby Counsel Prior Attorney's Name: Civile, G. Patrick Appointment Date: 09/26/2007 X Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or Other (See Instructions): Leilani R. Toves Hernandez 11/28/2007 Signature of Presiding Judicial Officer: By Order of the Court 11/21/2007 Date of Order Name Pro Func Date Repayment or partial repayment ordered from the person represented for this service at time of appointment. YES X NO			
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)					
15. CATEGORIES (Attach itemization of services with dates)					
15. a. Arraignment and/or Plea		HOURS CLAIMED		TOTAL AMOUNT CLAIMED	
b. Bail and Detention Hearings				MATH/TECH ADJUSTED HOURS	
c. Motion Hearings				MATH/TECH ADJUSTED AMOUNT	
d. Trial				ADDITIONAL REVIEW	
e. Sentencing Hearings					
f. Revocation Hearings					
g. Appeals Court					
h. Other (Specify on additional sheets)					
(Rate per hour = \$ 94.00) TOTALS:					
16. a. Interviews and Conferences					
b. Obtaining and reviewing records					
c. Legal research and brief writing					
d. Travel time					
e. Investigative and Other work (Specify on additional sheets)					
(Rate per hour = \$ 94.00) TOTALS:					
17. Travel Expenses (lodging, parking, meals, mileage, etc.)					
18. Other Expenses (other than expert, transcripts, etc.)					
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM TO				20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION	
21. CASE DISPOSITION					
22. CLAIM STATUS Final Payment Interim Payment Number Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? YES NO If yes, were you paid? YES NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? YES NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney: Date:					
23. IN COURT COMP.		24. OUT OF COURT COMP.		25. TRAVEL EXPENSES	
26. OTHER EXPENSES		27. TOTAL AMT. APPR./CERT			
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER				DATE	
28a. JUDGE / MAG. JUDGE CODE					
29. IN COURT COMP.		30. OUT OF COURT COMP.		31. TRAVEL EXPENSES	
32. OTHER EXPENSES		33. TOTAL AMT. APPROVED			
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.				DATE	
34a. JUDGE CODE					